



Unannounced Care Inspection Report 19 July 2018



Bradley Manor

Type of Service: Nursing Home (NH)
Address: 420 Crumlin Road, Belfast, BT14 7GE
Tel No: 02890745164
Inspector: Heather Sleator

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing and residential care for up to 82 persons.

3.0 Service details

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| Organisation/Registered Provider: Healthcare Ireland (Belfast) Limited Responsible Individual: Amanda Celine Mitchell | Registered Manager: Donna Mawhinney (on extended leave) Mary Stevenson (acting manager) |
| Person in charge at the time of inspection: Registered Nurses Rowanna Trajane and Loalyn Pimentl until 08:00 hours Mary Stevenson from 08:00 hours | Date manager registered: 22 February 2018 |
| Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. | Number of registered places: 82 A maximum of 41 places in category NH-DE to be accommodated on the First Floor. A maximum of 41 places accommodated on the Ground Floor, with a breakdown of 20 places in category NH-I and 21 places in residential dementia care pending separate registration. |

4.0 Inspection summary

An unannounced inspection took place on 19 July 2018 from 07.00 to 16.30 hours.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

The term 'patient' is used to describe those living in Bradley Manor which provides both nursing and residential care.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staffing, staff recruitment, training, adult safeguarding and the home's environment. There were examples of good practice found throughout the inspection in relation to record keeping and the communication of patient needs between staff.

Good practice was also observed in relation to the culture and ethos of the home, provision of activities and valuing patients' views. There were robust systems in place for governance, the management of complaints and incidents and maintaining good working relationships.

An area for improvement under the regulations was identified in relation to ensuring new staff complete a structured orientation and induction prior to commencing duty. Areas for improvement under the standards were identified regarding wound care management, infection prevention and control procedures and the patients dining experience.

A standard in respect of staffing arrangements, as perceived by relatives, has been stated for a second time.

Patients described living in the home in positive terms. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

As a consequence of the inspection, we felt it necessary to meet with the provider to discuss the findings and seek further assurances that areas of concern identified are being appropriately actioned. Assurances were delivered by the registered person, the home manager and HR representation that a robust action plan had been established and was being delivered. A further inspection will be scheduled to validate improvements.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

4.1 Inspection outcome

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 1 | *4 |

*The total number of areas for improvement includes one standard which has been stated for the second time.

Details of the Quality Improvement Plan (QIP) were discussed with Mary Stevenson, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent inspection dated 12 March 2018

The most recent inspection of the home was an unannounced finance inspection undertaken on 12 March 2018. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

There were no further actions required to be taken following the most recent inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection the inspector met with eight patients, five patients' relatives and 11 staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and ten patients' relatives/representatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the registered manager with 'Have we missed you cards' which were then placed in a prominent position to allow patients, relatives and families, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection

- duty rota for all staff from 2 July to 15 July 2018
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- three staff recruitment and induction files
- four patient care records
- six patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits
- complaints record
- compliments received
- RQIA registration certificate
- a sample of monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 12 March 2018

The most recent inspection of the home was an unannounced finance inspection.

The completed QIP was returned and approved by the finance inspector.

6.2 Review of areas for improvement from the last care inspection dated 8 March 2018

| Areas for improvement from the last care inspection | | |
|---|--|--------------------------|
| Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 | | Validation of compliance |
| Area for improvement 1 Ref: Regulation 13 (7) Stated: First time | The registered person shall ensure that the control of substances hazardous to health (COSHH) and the infection prevention and control procedures are in accordance with regional guidance and are monitored as part of the homes quality auditing systems. | Met |
| | Action taken as confirmed during the inspection: There was no evidence of the inappropriate storage of substances hazardous to health in the home at the time of the inspection. | |
| Action required to ensure compliance with The Care Standards for Nursing Homes (2015) | | Validation of compliance |
| Area for improvement 1 Ref: Standard 12 Stated: Second time | The registered person shall ensure that patients are afforded a choice of beverage mid-morning and mid-afternoon. Patients who require a specialised diet shall be afforded a snack at these times which meets their dietary requirements. | Met |
| | Action taken as confirmed during the inspection: We observed that the mid-morning snack trolley did not have sufficient stock of yoghurts to afford patients on a modified diet with a mid-morning snack however, when brought to the attention of staff further snacks were made available. | |

| | | |
|--|---|---|
| <p>Area for improvement 2</p> <p>Ref: Standard 43.5</p> <p>Stated: First time</p> | <p>The registered person shall ensure that steps are taken to minimise noise pollution through the isolation of the nurse call system so as when activated the call system is heard in the actual unit where it originated and not all four identified units.</p> | <p style="text-align: center;">Met</p> |
| <p>Action taken as confirmed during the inspection:</p> <p>Remedial work had been undertaken on the nurse call system and patient call bells only rang in the relevant unit and not the whole home.</p> | | |
| <p>Area for improvement 3</p> <p>Ref: Standard 35.4</p> <p>Stated: First time</p> | <p>The registered person shall ensure that quality audits evidence that where a shortfall has been identified a corresponding action plan is implemented to address the shortfall.</p> | <p style="text-align: center;">Met</p> |
| <p>Action taken as confirmed during the inspection:</p> <p>A review of completed quality monitoring audits evidenced that where shortfalls had been identified remedial action had been taken.</p> | | |
| <p>Area for improvement 4</p> <p>Ref: Standard 7 and 41</p> <p>Stated: First time</p> | <p>The registered person shall ensure that the perception of some staff and relatives regarding staffing arrangements are resolved either through staff and relatives meetings or on an individual basis</p> | <p style="text-align: center;">Partially met</p> |
| <p>Action taken as confirmed during the inspection:</p> <p>Issues regarding staffing arrangements were brought to our attention during the inspection by relatives. This was discussed with the manager; refer to section 6.4 for further detail.</p> | | |
| <p>Area for improvement 5</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> | <p>The registered person shall ensure that crockery used by patients is suitable for their needs and does not present as a safety risk.</p> | <p style="text-align: center;">Met</p> |
| <p>Action taken as confirmed during the inspection:</p> <p>There were no issues apparent regarding the crockery used by patients as observed during breakfast and lunch time meal service.</p> | | |

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota from 2 July to 15 July 2018 evidenced that the planned staffing levels were adhered to, with the exception of occasional short notice staff sickness. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff.

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients. Staff said that on occasions staffing levels were affected by short notice leave. We also sought staff opinion on staffing via the online survey however there were no questionnaires completed and returned by staff.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Bradley Manor. We spoke to five relatives during the inspection. Four relatives raised concerns regarding the staffing arrangements and felt that the home was 'short staffed'. Relatives also stated that staff were "helpful and friendly".

We also sought relatives' opinion on staffing via questionnaires. Three questionnaires were returned and all three respondents indicated that they were not satisfied that staff had 'enough time to care', raised issues regarding the cleanliness of the home and felt there should be more recreational/social activities available for patients. The issues raised by the respondents were shared with the manager prior to the issuing of the report.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty. However, and as discussed in section 6.6 the organisation and supervision of staff during the day did not evidence strong leadership. Staff appeared 'rushed' and stated that they were 'behind time'. Whilst the organisation of the day is important staff were 'task' and 'time' orientated where the focus should be on the needs of the patients. The outcome of the observation of care and the perception of relatives regarding staffing arrangements were discussed with the manager. This was identified as an area for improvement at the previous inspection of March 2018 and has been stated for a second time in this report. Resolution regarding the organisation of the day, staffs approach to their daily work and relatives perceptions regarding staffing, needs to be gained.

Review of three staff recruitment files evidenced that these were maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records also evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work. Discussion with two agency night duty staff did not confirm that these

staff had completed a structured orientation and induction programme at the commencement of their shift. Both agency staff members stated that this had been their first time working in the home. Any staff member working in the home must complete an orientation and induction programme prior to commencing duty. This has been identified as an area for improvement under regulation.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the NMC and care staff registration with the NISCC.

We discussed the provision of mandatory training with staff and reviewed staff training records for 2017/18. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Training records were maintained in accordance with Standard 39 of the DHSSPS Care Standards for Nursing Homes 2015.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice. Systems were in place to collate the information required for the annual adult safeguarding position report.

Review of four patients' care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process.

We reviewed accidents/incidents records from January 2018 in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation.

Discussion with the manager and review of records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. Following this review an action plan was devised to address any identified deficits. This information was also reviewed as part of the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, well decorated and fresh smelling. Patients, representatives' and staff spoken with were complimentary in respect of the home's environment. Three relatives commented via returned questionnaires that they were dissatisfied with the standard of cleanliness in the home. The manager was informed of these concerns prior to the issue of the report.

We observed bathrooms being used to store wheelchairs and a member of staff carrying bedlinen from a patient's bedroom to a linen receptacle in a bathroom. These practices contravene infection prevention and control measures/best practice guidance and have been identified as an area for improvement under the care standards

Fire exits and corridors were observed to be clear of clutter and obstruction.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, training, adult safeguarding and the home's environment.

Areas for improvement

The following areas were identified for improvement in relation to staffing, staff induction (including agency staff) and infection prevention and control procedures.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 1 | 1 |

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

Review of four patient care records evidenced that care plans were in place to direct the care required and reflected the assessed needs of the patient. We reviewed the management of nutrition, patients' weight, management of falls, healthcare associated infections (HCAI) and wound care. Care records contained details of the specific care requirements in each of the areas reviewed.

We discussed the monitoring of patients' weights and were informed that all patients were weighed a minimum of monthly. We reviewed the management of nutrition for one patient. The patient had been referred to the dietician. A nutritional risk assessment was completed monthly; a care plan for nutritional management was in place. Food and fluid intake charts were maintained daily.

We reviewed the management of falls for one patient. Falls risk assessments were completed and reviewed regularly. Care plans for falls management were in place but were consistently evaluated following falls. A post falls review had been completed within 24 hours of the patient sustaining a fall and the care plan amended accordingly.

We reviewed the management of wound care for one patient. Care plans did not clearly detail a description of the wound, location, the prescribed dressing regime and the monitoring of wound in accordance with NICE best practice guidance. This has been identified as an area for improvement under the care standards. Repositioning charts for patients were reviewed; the charts consistently evidenced that patients were assisted to change their position for pressure relief in accordance with their care plans.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), SALT and dieticians. Supplementary care charts such as food and fluid intake records evidenced that contemporaneous records were maintained.

We attended the morning handover meeting in two units at which time the wellbeing of each patient was discussed. Discussion with staff confirmed that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient's condition and any changes noted.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the registered manager or the nurse in charge.

All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to general record keeping, the management of nutrition, falls management and the communication of patient needs between staff.

Areas for improvement

Areas for improvement under the standards were identified regarding wound care management.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 1 |

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

We arrived in the home at 07:00 hours and were greeted by staff who were helpful and attentive. Three patients were up and dressed at this time, the remaining patients were in bed. Night staff stated that they did not have to have a number of patients up and dressed before the day staff commenced duty and the home had a quiet and calm atmosphere. The use of bedrails in the dementia units was observed and there was no evidence of the inappropriate use of bedrails for persons living with dementia.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required. Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect.

Discussion with patients and staff and review of the activity programme evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. We spoke with the activities coordinator who stated that there was a lot of input from external organisations for example; an organisation 'linking generations' was coming to work with patients in respect of the courtyard and this would involve school children from the local area. A weekly tea dance is held in the home with 'live music' for the patients to enjoy.

The environment of the home had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences. A variety of methods were used to promote orientation, for example, appropriate signage, photographs, and the provision of clocks and prompts for the date.

We observed the serving of the lunchtime meal. Patients were assisted to the dining room tables or had trays delivered to them as required. The meal service appeared disorganised, staff were assisting patients into the dining room at the same time as other patients were being served their meals. The registered nurse was not present in the dining room however the nurse was observed assisting a patient with their meal in their bedroom. Catering staff 'plated' patients meals from a heated trolley and these were then given to care staff. Dining tables were not consistently set and the standard varied within the three dining rooms observed. The fluid intake of patients was difficult to assess as drinking glasses were not present on the tables in all of the three dining rooms viewed. Mealtimes are an important event, especially for persons living with dementia and it is staffs responsibility to ensure that it is a pleasurable event and that patients received adequate nutritional and fluid intake, this was not in evidence at the time of the inspection and has been identified as an area for improvement under the care standards.

We observed the serving of the mid-morning tea and snacks. There was ample provision of biscuits for patients to enjoy with their tea. The staff member was asked what patients who required a modified diet would have and it was stated yoghurts were available. Three yoghurts were available on the trolley and when asked the staff member stated six patients required a modified diet. Staff were observed bringing further snacks for patients on a modified diet so as to ensure choice was afforded to patients.

Patients said that they were happy living in the home. Those who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings. The following comments were received:

We spoke with the relatives of five patients. Four relatives raised issues regarding the staffing arrangements stating that the home was 'short staffed', that staff morale was low and that at times staff were too busy to bring patients out of their bedrooms. One relative did comment that "staff are fantastic" and "couldn't fault them at all". The issues raised by relatives were discussed with the manager at the conclusion of the inspection.

Relative questionnaires were also provided. As previously discussed three questionnaires were returned. The issues raised were in relation to poor staffing arrangements, the cleanliness of the home and the need for more activities for patients. These issues have been discussed in section 6.4 and similar issues had been raised by relatives at the inspection of March 2018 and an area for improvement had been identified. Resolution to the perception of relatives regarding the staffing arrangements in the home needs to be gained and this area for improvement has been stated for a second time in this report.

Staff were asked to complete an online survey; we received no responses within the timescale specified.

Any comments from patients, patient representatives and staff in returned questionnaires or online responses received after the return date were shared with the manager for their information and action as required.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision of activities and valuing patients and their representative views.

Areas for improvement

An area for improvement under the standards was identified regarding improving the dining experience for patients.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 1 |

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

Since the last inspection there has been a change to the registered manager arrangements. The registered manager was on planned extended leave and Mary Stevenson was managing the home in the interim. RQIA had been appropriately notified. A review of the duty rota evidenced that the manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff evidenced that the manager's working patterns supported effective engagement with patients, their relatives and the multi-professional team. Staff were able to identify the person in charge of the home in the absence of the manager.

We discussed the arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. The manager explained that diversity and equality of patients was supported by staff and training would be provided to staff to support patients, as required.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

A review of records evidenced that the manager completed a number of audits to assure the quality of care and services. For example, audits were completed regarding accidents/falls, catheter and wound care and analysis of patients' weights.

A review of records evidenced that quality monitoring visits were completed on a monthly basis on behalf of the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Discussion with the manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Discussion with staff confirmed that there were good working relationships and that management were generally supportive and responsive to any suggestions or concerns raised.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

No areas for improvement were identified during the inspection.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 0 |

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mary Stevenson, manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005

| | |
|---|--|
| <p>Area for improvement 1</p> <p>Ref: Regulation 20 (1) (b)</p> <p>Stated: First time</p> <p>To be completed by: Immediate</p> | <p>The registered person shall ensure that any person working in the home, including agency staff, receive structured orientation and induction training prior to commencing duty.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: All employees working within the home receive a structured induction prior to commencing duty . Agencies have been advised that if supplying new staff , they are to come in prior to commencement of their shift for induction by the Nurse In Charge or Senior Staff member . This will be monitored to ensure compliance.</p> |
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Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

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|--|--|
| <p>Area for improvement 1</p> <p>Ref: Standards 7 and 41</p> <p>Stated: Second time</p> <p>To be completed by: 1 May 2018</p> | <p>The registered person shall ensure that the perception of some staff and relatives regarding staffing arrangements is resolved either through staff and relatives meetings or on an individual basis</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: Staff meetings and one to ones have been held with the Acting Home Manager and HR Manager .A weekly open surgery is scheduled every Wednesday between 2-4pm for relatives to discuss any issues.Most of the relatives have met with the Acting Manager on a one to one basis to discuss any concerns they may have . A Staff on duty each day and night for is in place at reception for relatives/ visitors to see what staff are one in each unit .</p> |
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|--|---|
| <p>Area for improvement 2</p> <p>Ref: Standard 46</p> <p>Stated: First time</p> <p>To be completed by: 17 August 2018</p> | <p>The registered person shall ensure that all staff adhere to infection prevention and control procedures. The inappropriate storage of wheelchairs should cease and the appropriate procedures for the disposal of bedlinens is followed by all staff.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Staff have been reminded of the Infection Control and Prevention procedures. Further refresher training and a focus learning is in progress currently for all staff Staff have been reminded of the inappropriate storage of wheelchairs and disposal of bed linen . This will be monitored by Unit Mangers , Deputy and Manager to ensure compliance</p> |
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| | |
|---|--|
| <p>Area for improvement 3</p> <p>Ref: Standard 23</p> <p>Stated: First time</p> <p>To be completed by: 17 August 2018</p> | <p>The registered person shall ensure that nursing care records reflect that wound care management is being undertaken in accordance with NICE guidance on management and prevention of pressure damage.</p> <p>Ref: 6.5</p> <hr/> <p>Response by registered person detailing the actions taken: All Nurses have been reminded that the care records for wound management is in accordance with the NICE Guidance on management and prevention of pressure damage .A folder is in place for guidance and wound management in each of the Nursing Units . This will be monitored by the manager through internal audit and inspection .</p> |
| <p>Area for improvement 4</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: 17 August 2018</p> | <p>The registered person shall ensure that the dining experience for patients is a pleasurable experience and is undertaken in a calm and organised manner to facilitate an optimal nutritional and fluid intake for patients.</p> <p>Ref: 6.6</p> <hr/> <p>Response by registered person detailing the actions taken: Staff have been reminded the importance of the dining experience to facilitate optimal nutritional and fluid intake for the patients .This is being monitored by Unit Managers , Deputy Manager and Nurses. Ongoing dining experience audits and observations are regulary been carried out and any actions identified addressed at time .</p> |

Please ensure this document is completed in full and returned via Web Portal



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